

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003249

1. Entity Name
BAC THE FALLS L.L.C.

Principal Place of Business
9000 S.W. 152ND STREET, SUITE 106
MIAMI FL 33157

Mailing Address
9000 S.W. 152ND STREET, SUITE 106
MIAMI FL 33157-1941

APPROVED
AND
FILED

00 APR -3 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/18



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0881432

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KUBIT, DONALD E
100 S.E. 2ND STREET, SUITE 1700
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR
STREET ADDRESS JAPPAH MANAGEMENT L.L.C.
CITY - ST - ZIP 9000 S.W. 152ND STREET, SUITE 106
MIAMI FL 33157 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 500003219585--6
CITY - ST - ZIP -04/24/00--01023--001
*****50.00 *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

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TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Norman J. Buhrmaster
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

3-24-00

305-278-8400

CR2E083 (9/99)